

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14548

State File No.

Registrar's No.

FILED MAY 8 1944

Registration District No.

Primary Registration District No. 5372

1. PLACE OF DEATH

(a) County DeKalb
(b) City or town Rural Adams Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Sallie E. Koger

3. (b) If veteran, name war ---- 3. (c) Social Security No. none

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dead 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Sept. 15th 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days ---- If less than one day hr. min.

9. Birthplace Albany Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housework in home

11. Industry or business

12. Name John Riley

13. Birthplace Albany Ky
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Upchurch

15. Birthplace Albany Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Velva Hankr.

(b) Address Cameron Mo. 4/18/1944

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Mirable Cem. Mirable Mo.

18. (a) Signature of funeral director Cameron Mo.

(b) Address Cameron Mo.

19. (a) 4-18-44 (Date received local registrar) (b) C. M. Mungley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb
(c) City or town Rural Adams Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Adams Twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 15
year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 10 1944, to April 15 1944
that I last saw him alive on April 1st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury

23. Signature C. M. Mungley (M. D. or other)

Address Cameron Mo. Date signed 4/16/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.